

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Baxter Healthcare Corporation Political Action Committee

ADDRESS (number and street) ▼

901 15th Street, NW

Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00117838

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2016

through

M M M / D D D / Y Y Y Y Y Y
02 29 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Joseph Schwan

Signature of Treasurer

Mr. Joseph Schwan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 08 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
02		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
02		29		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">43947.86</td></tr></table>	43947.86					
Y	Y	Y	Y	Y	Y															
2016																				
43947.86																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">50114.50</td></tr></table>	50114.50																		
50114.50																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">6455.02</td></tr></table>	6455.02							<table><tr><td colspan="6">15121.66</td></tr></table>	15121.66										
6455.02																				
15121.66																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">56569.52</td></tr></table>	56569.52							<table><tr><td colspan="6">59069.52</td></tr></table>	59069.52										
56569.52																				
59069.52																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">1571.77</td></tr></table>	1571.77							<table><tr><td colspan="6">4071.77</td></tr></table>	4071.77										
1571.77																				
4071.77																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">54997.75</td></tr></table>	54997.75							<table><tr><td colspan="6">54997.75</td></tr></table>	54997.75										
54997.75																				
54997.75																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	9		2	0	1	6		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2871.15	4478.00
(ii) Unitemized	3583.87	10643.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6455.02	15121.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6455.02	15121.66
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6455.02	15121.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6455.02	15121.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	71.77	71.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	71.77	71.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	4000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1571.77	4071.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1571.77	4071.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6455.02	15121.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6455.02	15121.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	71.77	71.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	71.77	71.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J Baughman

Mailing Address 5343 N Lakewood Ave

City State Zip Code
 Chicago IL 60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 12 / 2016

Transaction ID : 20160225142330-69

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael J Baughman

Mailing Address 5343 N Lakewood Ave

City State Zip Code
 Chicago IL 60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 26 / 2016

Transaction ID : 20160225142334-67

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Edwin A Betancourt

Mailing Address 2704 Oakmont Ct

City State Zip Code
 Weston FL 33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.85

Date of Receipt

02 / 12 / 2016

Transaction ID : 20160225142330-19

Amount of Each Receipt this Period

55.97

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.97

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Edwin A Betancourt

Mailing Address 2704 Oakmont Ct

City

Weston

State

FL

Zip Code

33332-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : 2016022514234-19

Amount of Each Receipt this Period

55.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sebastian J Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : 20160225142330-74

Amount of Each Receipt this Period

72.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sebastian J Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061-2572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : 2016022514234-72

Amount of Each Receipt this Period

73.85

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

201.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Coin

Mailing Address 1006 S St NW

City State Zip Code
 Washington DC 20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter Healthcare Corporation

Occupation
 Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : 2016022514234-14

Amount of Each Receipt this Period

48.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City State Zip Code
 San Juan PR 00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter

Occupation
 Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : 20160225142330-1

Amount of Each Receipt this Period

59.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City State Zip Code
 San Juan PR 00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter

Occupation
 Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : 2016022514234-1

Amount of Each Receipt this Period

59.09

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

166.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Valery E Gallagher

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
 Libertyville IL 60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.00

Date of Receipt

02 / 12 / 2016

Transaction ID : 20160225142330-96

Amount of Each Receipt this Period

92.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Valery E Gallagher

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
 Libertyville IL 60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.00

Date of Receipt

02 / 26 / 2016

Transaction ID : 20160225142334-94

Amount of Each Receipt this Period

92.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Arthur J Gibson

Mailing Address 3775 Riverly Trce

City State Zip Code
 Marietta GA 30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.35

Date of Receipt

02 / 12 / 2016

Transaction ID : 20160225142330-106

Amount of Each Receipt this Period

63.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

249.27

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur J Gibson

Mailing Address 3775 Riverly Trce

City	State	Zip Code
Marietta	GA	30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : 2016022514234-104

Amount of Each Receipt this Period

63.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laurie R Hernandez

Mailing Address 1340 Crest Rd

City	State	Zip Code
Libertyville	IL	60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : 20160225142330-131

Amount of Each Receipt this Period

61.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laurie R Hernandez

Mailing Address 1340 Crest Rd

City	State	Zip Code
Libertyville	IL	60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

Transaction ID : 2016022514234-129

Amount of Each Receipt this Period

61.54

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

186.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 15
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy P Lawrence

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.18

Date of Receipt

02 / 12 / 2016

Transaction ID : 20160225142330-143

Amount of Each Receipt this Period

82.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy P Lawrence

Mailing Address 1175 Museum Blvd
Unit 210

City State Zip Code
Vernon Hills IL 60061-3156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.18

Date of Receipt

02 / 26 / 2016

Transaction ID : 2016022514234-141

Amount of Each Receipt this Period

84.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kelli Lester

Mailing Address 3623 Stanford Cir

City State Zip Code
Falls Church VA 22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

02 / 26 / 2016

Transaction ID : 2016022514234-12

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

212.11

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanne K Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016
Transaction ID : 20160225142330-94

Amount of Each Receipt this Period

208.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeanne K Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016
Transaction ID : 20160225142334-92

Amount of Each Receipt this Period

211.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert L Parkinson

Mailing Address 1332 Edgewood Ln

City

Northbrook

State

IL

Zip Code

60062-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2016
Transaction ID : 20160225142330-51

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

670.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert L Parkinson

Mailing Address 1332 Edgewood Ln

City	State	Zip Code
Northbrook	IL	60062-4716

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 26 / 2016

Transaction ID : 2016022514234-50

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Maurice Pritchett

Mailing Address 4860 Collins Lake Dr

City	State	Zip Code
Mableton	GA	30126-1795

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
RM. BioSurgery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 10 / 2016

Transaction ID : 9FCADA61E5E8466FBFA0

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bela Sastry

Mailing Address 9504 Tuba Ct

City	State	Zip Code
Vienna	VA	22182-1648

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corporation

Occupation
Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.10

Date of Receipt

02 / 12 / 2016

Transaction ID : 20160225142330-18

Amount of Each Receipt this Period

84.62

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

584.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. **Bela Sastry**

Mailing Address 9504 Tuba Ct

City State Zip Code
 Vienna VA 22182-1648

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : 2016022514234-18

Amount of Each Receipt this Period

84.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. **David P Scharf**

Mailing Address 931 Oak St

City State Zip Code
 Winnetka IL 60093-2440

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : 20160225142330-77

Amount of Each Receipt this Period

128.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. **David P Scharf**

Mailing Address 931 Oak St

City State Zip Code
 Winnetka IL 60093-2440

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016

Transaction ID : 2016022514234-75

Amount of Each Receipt this Period

130.77

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

344.24

TOTAL This Period (last page this line number only)..... ►

2871.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bennet for Colorado

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michael F. Bennet

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
02		17		2016

Transaction ID : 2E802DD4E4C83C73755

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
-------	---	-------	---	---------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

1500.00